

July 20, 2009

To whom it may concern,

I am requesting you amend my application forms scope of authority. My Docket Number is: 2009-267-T

The name of the business is Ride It Out, LLC.

The current scope listed on the application form is Charleston, Berkeley and Dorchester counties, South Carolina.

Please change my application form from: Charleston, Berkeley and Dorchester counties, South Carolina to Statewide.

Attached is a copy of the amendment form.

Thank you for your help in this matter.

Darrell German

President

ORS Revised 9-12-08

Application Amendment Request

CLASS C AME	Mail or fax a copy to:
File the original with:	
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 7-20-09	
I have the following Certificate: Docket No. 2009-267-T	
Class C Taxi # Class C Charter	# Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the following amendment(s) to my Certificate:	
Name Change (Complete the additional document included with this form for a name change	
ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form	
away.)	
<u> </u>	DBA:
(Current Name)	(Current DBA if applicable)
TO: D	BA:
(New Name)	(New DBA if applicable)
Scope of Authority	
From: Charleston, Berkeley, and Dorchestor	TO: STATE WIDE
From: Charleston, Berkeley, and Dorchester (Current Scope) Countries	(New Scope)
Passenger Limit	
From:	To:
(Current Limit Number)	(New Limit Number)
DARRELL GERMAN DBA RIGETTON	+ 1309 CARING DR.
(Name & DBA if applicable)	(Street and/or Mailing Address)
m- 0/2 + (2946/	Zand Gen
MT. Pleasant, SC 29466 (City, State, Zip Code)	(Signature)
843 725-8744	fresident
(Telephone Number)	(Title) ORS Revised 9-12-0
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